

**DIVISION OF LICENSING PROGRAMS
DEPARTMENT OF SOCIAL SERVICES
CHILD PLACING AGENCY ENTRUSTMENT AGREEMENT**

Name of child _____ Birthdate: _____

I, We _____ living at
[Full name of Parent(s) or Guardian(s)]

[Complete Address]

am/are the legal parent(s) guardian(s) of _____ and have legal authority to plan for the child.

I hereby entrust my child to the care and custody of _____
[Licensed Agency]

under the following conditions:

- a. Counseling is available to me through _____
[Licensed Agency]
to help me make plans for the child
- b. I understand that if placement is to exceed ninety days the _____
[Licensed Agency]
Relations Court within the next thirty days for approval of this agreement. Such action may modify the terms of this agreement.
- c. I understand _____ will attempt to reach me to give
[Licensed Agency]
consent for hospitalization, surgery, emergency medical treatment and the administration of an anesthetic. However, if I am not available, the Juvenile and Domestic Relations Court or their designee will be asked to grant consent.
- d. I agree to remain in touch with the _____ during
[Licensed Agency]
the period the child is in temporary foster care and to notify the agency of any change of address and or phone number.
- e. I agree to pay _____ the sum of \$ _____
[Licensed Agency]
per month for my child while he/she is in temporary custody.
- f. I agree to abide by the agency's policies regarding visiting my child.
- g. If I request the return of my child this agreement is revoked unless the _____
[Licensed Agency]
judicial determination by the Juvenile and Domestic Relations Court that the return of my child would be contrary to his/her best interests. I understand I will be notified before _____ requests this action.
[Licensed Agency]

h. Other Conditions:

I hereby authorize _____ to place _____
[Licensed Agency] [Child's Name]
in a foster home or institution. (*Circle one*).

Date Notary or Witness

Parent/Guardian

Date Notary or Witness

Parent/Guardian

ACCEPTANCE ON BEHALF OF THE _____ this child is
[Licensed Agency]
accepted under the conditions set forth above.

Date

Signed: _____
_____**Director** _____**Designee**

If designee, state position _____